

Annual Subscription/Reactivation Form

To keep your membership in force during your time with us, you must renew your membership every year by paying an annual subscription fee. Please contact the ABE office if you are unsure of your current membership level.

Subscription/Reactivation fees (please circle your level)

Student Member (Level 3-5) £40.00

Associate Member (AMABE - Level 6) £40.00

Full Member (MABE) £60.00

(ABE reserves the right to make alterations to fees at its discretion)

Learner details (complete clearly in BLOCK CAPITALS)

ABE Membership number			
Date of birth: DD / MM / YYYY (e.g. 16/03/1995)	/	/	
Mr/Ms/Mrs/Miss/Other			
First/Given name			
Surname/Family name			
Learner's full postal address	Address line 1		
	Address line 2		
	Address line 3		
	Region		
Country			
Postcode			
Learner's email address (This must be completed and <u>print</u> clearly)			
College name. For private learners please write self-study			
If you have completed your ABE studies please write Alumni			
Qualification – This needs to be completed if you are re-activating your ABE membership	Qualification		
		Level	

I certify I have read this annual subscription/reactivation form and the information I have provided is true and accurate.

Student Signature _____

Payment

Any other fee that is owed to ABE must be included with this application, or your annual subscription/reactivation form will **not** be processed. You can contact us for your account balance.

- Annual subscription/reactivation forms will not be accepted unless accompanied by the correct payment
- If paying by cheque/draft drawn payment must be made by £ sterling and drawn on a UK bank. This then needs to be posted to ABE with this form attached.

(Tick method of payment)

- I have enclosed cheque/draft no(s): _____ - payable to ABE
- I have enclosed postal order no(s): _____ (UK Only)
- I have paid via Western Union my EGBAS ref is _____ (please allow 3-5 working days for payment to be received by ABE)
- Use Credit £ _____ on my account

Credit/Debit card payment form (complete clearly in BLOCK CAPITALS)

I authorise ABE to debit my account with the amount of

Enter total payment: £

 (This must be completed)

I wish to pay by Visa Debt / Visa Credit / MasterCard Debit / MasterCard Credit / Diners / JCB / (delete as applicable)

Card number

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Expiry date
M M / Y Y

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SECURITY CODE (last three digits on the signature strip on back of card)

You must give the security code for payment to be accepted

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Cardholder's full name			
Cardholder's address	Address line 1		
	Address line 2		
	Region & Country		
Postcode (UK only)		Telephone no.	
Email address			
Cardholder's signature as it appears on the back of the card (This must be supplied)		Date	

Post to: Finance Department, ABE, New Malden Business Centre, 46/50 Coombe Road, New Malden, Surrey, KT3 4QF

Or email to: finance@abeuk.com

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